

Please omit any question(s) you do not wish to answer. The information contained in this application will be held in confidence and used only in the administration of the Volunteer Services Program. The Virginia Department for the Blind and Visually Impaired is an equal opportunity employer and an affirmative action agency.

The following information is requested for each volunteer providing transportation services:

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Insurance Company \_\_\_\_\_

List Accidents and/or Convictions in the past 3 years (excluding parking tickets):

I have no objection to the Virginia Department for the Blind and Visually Impaired's verifying my driving record from the Division of Motor Vehicles.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

VBVI Use Only

Interview Date	Orientation Date	Assignment Date	Completion Date	Volunteer Reports to:

Interviewer \_\_\_\_\_

Remarks \_\_\_\_\_